



2833
Jan

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/530,915
		Filing Date	April 2, 2007
		First Named Inventor	Hubbard et al.
		Examiner Name	A. Gilman
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2833
TOTAL AMOUNT OF PAYMENT	\$ 460.00	Attorney Docket No.	A4-144 CIP US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1873</u> Deposit Account Name: <u>Molex Incorporated</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any addtl. fee(s) or underpayments under 37 CFR 1.16 and 1.17 and credit any overpayments.	

FEE CALCULATION				
1. Basic Filing, Search and Examination Fees				
	Filing Fees	Search Fees	Examination Fees	Fees Paid (\$)
Utility	\$310	\$500	\$200	\$
Design	\$210	\$100	\$130	\$
Plant	\$210	\$300	\$160	\$
Reissue	\$310	\$500	\$600	\$
Provisional	\$210	\$0	\$0	\$
2. Excess Claim Fees				
Each claim over 20 (including Reissues)				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>		
-20 or HP=	x	\$50	=	\$
Each independent claim over 3 (including Reissues)				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>		
-3 of HP=	x	\$210	=	\$
Multiple dependent claims		\$370		\$
3. Application Size Fee (over 100 sheets)				
<u>Total sheets</u>	<u>Extra sheets</u>	<u>Number of each addtl 50 (round up to whole #)</u>	<u>Fee (\$)</u>	
-100 =	/50 =	x	\$260 =	\$
4. Petition for Extension of Time Fees				
Two months (37 CFR 1.17(a)(2))				\$460.00
5. Other fee(s)				
				\$
				\$
TOTAL FEES				\$460.00

Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature	<i>Robert J. Zeitler</i>	Date	<i>July 3, 2008</i>



FEE TRANSMITTAL
For FY 2005

Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/530,915
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any addtl. fee(s) or underpayments under 37 CFR 1.16 and 1.17 and credit any overpayments.

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

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2. Excess Claim Fees

Each claim over 20 (including Reissues)

Total Claims	Extra Claims	Fee (\$)
-20 or HP=	x	\$50 = \$

Each independent claim over 3 (including Reissues)

Indep. Claims	Extra Claims	Fee (\$)
-3 of HP=	x	\$210 = \$

Multiple dependent claims \$370 \$

3. Application Size Fee (over 100 sheets)

Total sheets	Extra sheets	Number of each addtl 50 (round up to whole #)	Fee (\$)
-100 =	/50 =	x	\$260 = \$

4. Petition for Extension of Time Fees

Two months (37 CFR 1.17(a)(2)) \$460.00

5. Other fee(s)

\$
\$

TOTAL FEES \$460.00

Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature	<i>Robert J. Zeitler</i>	Date	<i>July 3, 2008</i>